



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Region V
Health Care Financing
Administration

Refer to: MMW05

233 North Michigan Avenue
Suite 600
Chicago, Illinois 60601-5519

June 18, 2001

James K. Haveman, Jr., Director
Michigan Department of Community Health
Lewis Cass Building
320 South Walnut Street
Lansing, Michigan 48913

Dear Mr. Haveman:

I am pleased to inform you that your revised request to renew Michigan's Children's Home and Community-Based Services (HCBS) waiver has been approved. This waiver provides home and community-based services to mentally retarded/developmentally disabled (MR/DD) individuals aged 18 and under, who are at risk of intermediate care facility for the mentally retarded (ICF/MR) level of care, as authorized under the provisions of Section 1915(c) of the Social Security Act. This renewal has been assigned control number 4119.90.R2, which should be used in subsequent correspondence related to this waiver.

Specifically, you have requested to provide the following services as part of your 1915(c) waiver renewal: respite care, habilitation skill training (only for year one of the waiver renewal), environmental accessibility adaptations, specialized medical equipment and supplies, private duty nursing (only for the first four months of the first year), family training (referred to as didactic skill training), and psychological/behavioral treatment service. You have also requested the addition of three new waiver services: transportation, specialty services, and community living supports (specialty services and community living supports will replace didactic skill training, habilitation skill training and psychological/behavioral services).

We have reviewed this renewal application and find that your request conforms to the applicable Federal laws and regulations. I am approving your request for the period effective May 1, 2001 through April 30, 2006.

This approval is subject to your agreement to provide HCBS to no more individuals than those indicated as the value "C" in your approved per capita expenditure estimates. The following estimates of utilization and cost of waiver services have been approved:

Year	Factor C	Factor D
Year 1	417	\$36,497
Year 2	467	\$21,136
Year 3	517	\$21,667
Year 4	567	\$22,220
Year 5	617	\$22,703

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Mr. Haveman

If there are any questions regarding this approval, please contact Michelle Stewart, Health Insurance Specialist, at (312) 353-5199.

Sincerely,

/s/

Dorothy Burk Collins
Regional Administrator

cc: Mary Jean Duckett, HCFA Central Office
Debbie Milhouse-Slaine, Michigan Department of Community Health

**bcc: CHarris, Mhood-Griffin, Rhughes, MStewart, Reading File
MStewart 5/17/01, k:\pending\MI Children's Waiver Renewal Appvl Ltr.doc
File Code: H-2 MI CHILDREN'S WAIVER #4119.90.R2**